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Bib Data Sheet

CONFIRMATION NO. 2299

SERIAL NUMBER 09/581,036	FILING DATE 08/08/2000  RULE	CLASS 800	GROUP ART UNIT 1638	ATTORNEY DOCKET NO. PPD50288UST
APPLICANTS  CHENGCAI CHU, GATERSLEBEN, GERMANY;  NAN QU, GATERSLEBEN, GERMANY; UWE SONNEWALD, GATERSLEBEN, GERMANY; IAN JEPSON, BRACKNELL, UNITED KINGDOM;				
** CONTINUING DATA ***** This application is a 371 of PCT/GB98/03687 12/10/1998				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 97121829.2 12/11/1997				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/18/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY GERMANY	SHEETS DRAWING 16	TOTAL CLAIMS 16
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS Hale and Dorr LLP 60 State Street Boston, MA 02109				
TITLE GENETIC METHOD				
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	

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☐ 1.18 Fees ( Issue )

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<b>SERIAL NUMBER</b> 09/581,036	<b>FILING DATE</b> 08/08/2000 <b>RULE</b> -	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> PPD50288UST
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**APPLICANTS**  
 CHENGCAI CHU, GATERSLEBEN, GERMANY;  
 NAN QU, GATERSLEBEN, GERMANY;  
 UWE SONNEWALD, GATERSLEBEN, GERMANY;  
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>R. K.</u> Initials				

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**TITLE**  
 GENETIC METHOD

<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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